

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875).

SERIAL NO.
09781301
APPLICANT(S)

FILING DATE
02/13/01

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						61						
2		1					62						
3		1					63						
4		1					64						
5		1					65						
6		1					66						
7		1					67						
8		1					68						
9		1					69						
10		1					70						
11		1					71						
12		1					72						
13		1					73						
14		1					74						
15		1					75						
16	1						76						
17		1					77						
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39							99						
40							100						
41													
42													
43													
44													
45													
46													
47													
48													
49													
50													
TOTAL IND.	2						TOTAL IND.						
TOTAL DEP.	15						TOTAL DEP.						
TOTAL CLAIMS	17						TOTAL CLAIMS						

BEST AVAILABLE COPY